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Only

FEC FORM 1

STATEMENT OF ORGANIZATION

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17 AUG -4 AM 10: 06

			O	fice Use Only	
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5		
1 Likę Lyke, , , , , , , , , , , , , , , , , , ,	1 1 1 1 1 1 1 1 1 1		111111		
	1.				لببب
ADDRESS (number and street)	PQ Box ₁ 917			11.11	لــــــــــــــــــــــــــــــــــــــ
☐ < (Check if address is changed)				111	لسب
•	Shelbyville, , , , , , , , , , , , , , , , , , ,		IN 46°		- LIII
COMMITTEE'S E-MAIL ADDRE	ss				
(Check if address is changed)	tracyrsmith2011@gmail.c	oom , , , , , , , , , , , , , , , , , ,			
	Optional Second E-Mail Add	ress			
				1 1 1	11111
COMMITTEE'S WEB PAGE ADD (Check if address is changed)	DRESS (URL)				
2. DATE 0 8 0	4 2 0 1 7				
3. FEC IDENTIFICATION N	UMBER ▶ C C	0460667			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)			
1 certify that I have examined to	his Statement and to the best	of my knowledge and belief it	is true, correct and	d complete.	
Type or Print Name of Treasure	Craig Kunkle				
Signature of Treasurer	Chie		Date 08	09	
NOTE: Submission of false, error	eous, or incomplete information ANY CHANGE IN INFORMAT	may subject the person signing to the subject the person signing to the subject t	his Statement to the VITHIN 10 DAYS.	penalties of	52 U.S.C. §30109
Office		For further information of	ontact:	FEC FO	RM 1

Federal Election Commission Toll Free 800-424-9530

Local 202-694-1100

(Revised 06/2012)

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•	F	EC For	rm 1 (Revised 02/2009) Pag	e 2
5.			OMMITTEE	
	Can		e Committee:	
	(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the cainformation below.)	andidate
	Name Candi		Allen Lucas Messer	
	Candi Party	date Affiliatio	on Rep Office State Sought: House Senate President District	IÑ
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candi			
	Part	y Com	nmittee:	
	(d)		This committee is a (National, State (Democratic Republican Republ	c, , etc.) Party.
	Polit	ical A	Action Committee (PAC):	
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	anization is a:
			Corporation Corporation w/o Capital Stock Labor Or	ganization
			Membership Organization Trade Association Cooperat	ive
			In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated for committee. (i.e., nonconnected committee)	und or party
			In addition, this committee is a Lobbyist/Registrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Join	Fund	draising Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, at least one of which is an authorized committee of a federal candidate.	political
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	political
		Com	nmittees Participating in Joint Fundraiser	
		1.	FEC ID number C	
		2.	FEC ID number C	
		3.	FEC ID number	
		4.	FEC ID number C	

FEC	orm 1 (Revised	d 02/2009)	Page 3
Write or Type	Committee Na	me	
I Like Luke			
6. Name of	Any Connected	1 Organization, Affillated Committee, Joint Fundralsing Representative, or Leader	ership PAC Sponsor
عادلة	وملمها والأطمط		
Luke Mes	ser Victory	 	<u> </u>
Mailing Ad	dress	4703 Woodway Lane NW	
		Washington DC 2001	
		CITY STATE	ZIP CODE
Relationsh	p: Connec	cted Organization Affiliated Committee Solution Fundraising Representative	Leadership PAC Sponsor
7. Custodiar books and		dentify by name, address (phone number optional) and position of the person in	possession of committee
Full Name	Trạcy S	Smith, , , , , , , , , , , , , , , , , , ,	1 1 1 1 <u>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>
	<u> </u>	2631,Willow Lake Drive	1 1 1 1 1 1 1
Mailing Ad	aress		
		Greenwood	3 _ !
		Greenwood 4614	<u> </u>
Title or Po	sition	CITY STATE	ZIP CODE
Aşsistan	Treasurer	Telephone number 317 -	431 - 2538
8. Treasurer any design	List the name ated agent (e.g	and address (phone number optional) of the treasurer of the committee; and the g., assistant treasurer).	name and address of
Full Name of Treasur	craig	Kunkle, , , , , , , , , , , , , , , , , , ,	
Mailing Ad	dress	14117 N. Gray Road	
		Camel IN 4603	3
Title or Pe	cition	CITY STATE	ZIP CODE
Treasure		Telephone number 317 -	517 7000

9.	Banks or Other De safety deposit boxe Name of Bank, Dep	epositories: List all banks or other depositories in whits or maintains funds. expository, etc.	ch the committee deposits	funds, holds accounts, rer
	L	Fifth, Third, Bank,		
	Mailing Address	110 N. Harrison Street		
		Shelbyville	III III	[46176] -] -
		CITY	STATE	ZIP CODE
	Name of Bank, Dep	esitory, etc.		
	L	<u> </u>	1111111	
	Mailing Address			
			1111111	
			ليا ليب	
		CITY	STATE	ZIP CODE

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent

Mailing Address

Page 4

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Optional Supplemental Information FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h), 6, 8 and/or 9

Page	οf	

5(g)	or(h). Joint Fundra lsir	g Participant:				
	1.	<u> </u>		FEC ID number	C	
	2.	<u> </u>		FEC ID number	C	
	3.	1111111111		FEC ID number	C	
	4			FEC ID number	C	
6.	Name of Any Connected	Organization, Affiliated Commit	tee, Joint Fundrais	ing Representativ	e, or Leadership PAC Sponso	or
		1111111111		<u></u>		
					11111111	لــا
	Mailing Address	L	11.1.1.1		1 1 1 1 1 1 1 1	لــــ
				11111	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Relationship:	LIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	1.11,1.1	STATE A	ZIP CODE ▲	
		d Organization Affiliated Comm	nittee Doint Fu	ndraising Represent		nsor
8.	Designated Agent: Identify	by name, address (phone numb	er – optional)			
	Full Name	111111111		<u> </u>	1111111	لــــــــــــــــــــــــــــــــــــــ
	Mailing Address					لـــ
			11111	1 1 1 1 1	11111	
		CITY ▲	<u> </u>			
	TITLE OR POSITION	▼ City I		STATE ▲	ZIP CODE ▲	
			Telep	hone Number		
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depos intains funds.	itories in which the	committee deposit	s funds, holds accounts, rents	
	Name of Bank, Depository, etc.	<u> </u>	1.1.1.1.1		1 1 1 1 1 1 1 1 1 1	
	Mailing Address			 	<u> </u>	Ш
			<u> </u>	<u> </u>	<u> </u>	
				لــا لــ		
;		CITY A		STATE ▲	ZIP CODE ▲	

Faxed or Hand Delivered

SUITE 232

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HART SENATE OFFICE BUILDING

United States Senate

OFFICE OF THE SECRETARY

WASHINGTION, DC 20510-7116 PHONE(202) 224-0322

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